

City of Kingston
Department of Public Works

25 East O'Reilly St
Kingston, NY 12401



Telephone: 845 331-0682
Fax: 845 331-0295

Michael E. Schupp
Superintendent

April 2014

Dear Contractor;

Enclosed please find the updated Excavation Permit application for the City of Kingston Department of Public Works. Anytime a City of Kingston street or public right of way is to be excavated for any reason or a sidewalk/street parking blocked, this application must be filled out and submitted to the City of Kingston Department of Public Works for approval and a permit issued. Applications are available at our main office.

Along with the application you will need to provide:

- Surety Bond
- Proof of Liability & Disability Insurance
- Proof of Workman's Compensation Insurance
- Proof of contact with Dig Safely
- Description/Plan of Work
- Proper Fees

Absolutely no work may be performed without the proper permits and insurance on file in our office. A minimum of a 48 hour turnaround is needed. For any questions regarding the permitting process please call us for clarification.

Sincerely,



Michael Schupp
Superintendent of Public Works

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INSURANCE REQUIREMENTS FOR EXCAVATION PERMIT

Must be submitted to DPW administration office at time of application

- **Bond of Indemnity with surety \$10,000.00 (ten thousand dollars)**
- **Worker's Compensation Coverage**

_____ Contractor needing coverage with outside carrier
Form C-105.2 – Certificate of Worker's Compensation

_____ Contractor needing coverage and self-insured
Form SI-12 – Certificate of Worker's Compensation Self-Insurance

_____ Contractor not required to carry coverage
Form CE-200 – Certificate of Attestation of Exemption from NYS Worker's Compensation and /or Disability Benefits Insurance Coverage

- **Disability Benefits Requirements**

_____ Contractor needing coverage with outside carrier
Form DB-120.1 – Certificate of Disability Benefits Insurance

_____ Contractor needing coverage and self-insured
Form DB-155 – Certificate of Disability Self-Insurance

_____ Contractor not required to carry coverage
Form CE-200 – Certificate of Attestation of Exemption from NYS Worker's Compensation and /or Disability Benefits Insurance Coverage

- **Commercial General Liability Insurance**

Written on Commercial General Liability Form

Including: *Contractual Liability*
 Independent Contractors
 Products and Completed Operations

Certificate Holder Must Name City of Kingston – 420 Broadway Kingston NY 12401 and Include:

<i>*Name and Address of Insured</i>	<i>*Type of Coverage in Effect</i>
<i>*Issue Date of Certificate</i>	<i>*Policy Number</i>
<i>*Insurance Company Name</i>	<i>*Inception and Expiration Dates</i>
<i>*Limits of Liability for all policies included on the certificate</i>	

Bodily Injury Liability Insurance not less than \$1,000,000.00 (one million dollars) for each occurrence
Not less than \$2,000,000 (two million dollars) general aggregate

Property Damage Liability Insurance not less than \$1,000,000.00 (one million dollars) for each occurrence
Not less than \$2,000,000 (two million dollars) general aggregate